Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155191	A. BUILDING _____ B. WING _____	C 01/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER HEALTH CARE CENTER	**2210 GREENTREE N CLARKSVILLE, IN 47129**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for Investigation of Complaint IN00102501. Complaint IN00102501 - Substantiated. No deficiencies related to the allegations are cited. Survey date: 1/24/12 Facility number: 000100 Provider number: 155191 AIM number: 100266130 Survey team: Jennie Bartelt, RN Census bed type: Residential: 94 Total: 94 Census payor type: Other: 94 Total: 94 Residential sample: 3 Westminster Health Care Center was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00102501. Quality review completed 1/25/12 Cathy Emswiller RN	R 000		